	Attorney Docket No.5577-001/P/63945/GPTX18
Declaration and Power of Attorne	y for Patent Application

As below named inventors, we hereby declare that:

Our residences, post office addresses and citizenships are as stated below next to our names.

We believe that we are the original, first and joint inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled LOOPED OPTICAL NETWORK WITH ASE LIGHT RECIRCULATION AND LINK AND NETWORK SURVIVABILITY, the specification of which

	is attached hereto.		
	was filed on Application Serial Number and was amended on		as
		(if applicable)	_
\boxtimes	was filed as a PCT on	10 September 2004	as
	PCT Application Number	PCT/EP2004/052127	_
	and was amended on	10 March 2006	
		(if applicable)	

We hereby state that we have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to us which is material to patentability (as defined in C.F.R. §1.56) in connection with the examination of this application.

We hereby claim foreign benefits under Title 35, United States Code, §119 of any foreign or U.S. Provisional application(s) for patent or inventor's certificate listed below and have also identified below any foreign or U.S. Provisional application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign or U.	S. Provisional Applicat	ion(s)	Priority Claimed
MI2003A001742 (Number)	Italy (Country)	11 September 2003 (Day/Month/Year Filed)	⊠ □ Yes No
(Number)	(Country)	(Day/Month/Year Filed)	☐ ☐ Yes No
(Number)	(Country)	(Day/Month/Year Filed)	☐ ☐ Yes No

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Declaration and Power of Attorney for Patent Application

We hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, we acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status: Patented/Pending/Abandoned)
(Application Serial No.)	(Filing Date)	(Status: Patented/Pending/Abandoned)
(Application Serial No.)	(Filing Date)	(Status: Patented/Pending/Abandoned)

Power of Attorney: I hereby appoint the Attorneys and Patent Agents of Coats & Bennett, P.L.L.C., as identified by Customer Number 24112 in the records of the United States Patent and Trademark Office and as updated from time to time, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

24112

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Attorney Docket No. 5577-001/P/63945/GPTX18

Declaration and Power of Attorney for Patent Application

We hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST INVENTOR:

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Declaration and Power of Attorney for Patent Application

THIRD INVENTOR, IF ANY: Full name: Antonio D'Errico First Name Middle Name/Initial Last Name Signature: Date: First Name Middle Name Last Name Year-Month- Day Residence: San Severo, Italy City, State, and Country Citizenship: Italy Post Office Address: Via Legnano, 120, I-71016 San Severo, Italy FOURTH INVENTOR, IF ANY: Full name: **Fabrizio** Di Pasquale First Name Middle Name/Initial Last Name Signature: Date: First Name Middle Name Last Name Year- Month-Day Residence: Pisa, Italy City, State, and Country Citizenship: Italy Post Office Address: P.le Martin Luther King 1c, I-56100 Pisa, Italy